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ABSTRACT

Cultural factors may affect the elderly's use of and beliefs about counseling and psychotherapy. Elderly persons tend to make fewer telephone calls than do younger persons, perhaps believing the telephone should be used only with close friends. This may prevent the elderly from using telephone counseling services. Suicide has occurred in the elderly at a rate triple that of the general population. A crisis telephone counseling line found 25 percent of callers had suicide related problems, 4 percent of whom were over age 60. An information and referral service in the same area found 10 to 12 percent of its calls were from persons age 60 and over. Calls indicate that the elderly have multiple basic needs in the areas of income, housing, health, transportation, in-home support, effects of isolation, and advocacy. It is vexing elderly persons do not use the services of the crisis line, although the elderly do use the information and referral line. Elderly clients of the crisis center are not ambivalent about suicide, trust their own decisions, want to control their manner of death, have more health problems than do younger clients, do not wish to be a burden to others, and do not wish to talk about suicide. Crisis center and information and referral services should work together to help the elderly, updating skills needed in suicide prevention. Classes on problem solving and exploring feelings for the community's elderly should be offered. (ABL)

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Old Folks

Colleen Dickinson
Help On Call

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TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

Abstract

Our crisis center, "Help On Call", notes several characteristics among elderly clients. 1) Unlike younger callers, the elderly are not ambivalent about suicide. They have already made the decision. 2) The elderly trust their own decisions, they have had lots of practice. 3) the elderly want to control their manner of death, and to be able to choose the time. 4) there are more health problems among the elderly than among the young. 5) the elderly do not wish to be a burden to others. 6) the elderly do not wish to talk about suicide, and do not bring up suicidal thoughts spontaneously.

Two or three centuries ago only a small minority of people lived long enough to reach old age. At the first census less than 20 percent of the population survived from birth to the age of seventy. Today, more than 80 percent can expect to do so.

The aged do not constitute a homogenous group. There are enough differences between the 60 to 70 year olds, and the 75 to 85 year olds that gerontologists distinguish one set as the "young-old" and the others as the "old-old".

The work of old age is to clarify,and find use for what one has already attained in a lifetime, and to have friendship and social contacts, to work and play. We have observed the need for warmth, companionship, and intimacy at all periods. In addition, we need security,privacy,and the continued need to be treated as adults.

An account in a local newspaper in Tucson, during the first week of this month,will serve as an introduction to some of the problems related to suicide among the elderly:

> The nurse went about her business on a recent Monday morning, opening windows and feeding the birds as she usually did.
>
> Then she went into the master bedroom and found the bodies-the husband and wife each lying on a separate twin bed,plastic bags over their heads.
>
> He was 80 and sick with heart disease and cancer. She was 81 and living in a nursing home,ill with both Parkinson's and Altzheimer's disease.
>
> In one of several notes the man left behind, he wrote that he and his wife had decided that they didn't want to live if they had to depend on others...And he noted that "it is no easy task to prepare for this."
>
> (Jackie Rothenberg, The Arizona Daily Star, May 5, 1987)

Our crisis center,Help On Call, notes several characteristics among elderly clients. 1) Unlike younger callers, the elderly are not ambivalent, they have already made the decision. 2)The elderly trust their own decisions, they have had lots of practice. 3) the elderly want to at least have control over how and when they die. 4) there are more health problems among the elderly, than among the young. 5) the elderly do not wish to be a burden to others. The above story continues "Everything was neat and orderly when sheriff's deputies arrived. The room was tidy,suicide notes were written to several people, and money was left for the nurse". 6)the elderly do not want to talk about suicide,do not bring up suicidal thoughts spontaneously.

Growing old is different today from two or three centuries ago. Then only a small minority of people lived long enough even to reach old age(Fischer,1977). When the first census was taken,less than 20 percent of the population survived from birth to the age of seventy. Today, more than 80 percent can expect to do so.

Every human society has divided its people into categories according to age, and that category entails a set of social roles. The aged do not constitute a homogenous group. There are enough differences between the 60 to 70 year olds and the 75 to 85 year olds that gerontologists distinguish one set as the "young-old" and the others as the "old-old". I recall visiting and old people's home in Kansas,and being asked by the nurse Was I visiting an old old person,and feeling somewhat confused. Isn't everyone in an old age home old?

The continued striving toward the resolution of previous developmental crises persists throughout the life cycle(Erikson,1950). Butler and Lewis (1983) describe the work of old age as follows: ""to clarify,deepen, and find use for what one has already attained in a lifetime of learning and adapting". Simon(1978) notes "the needs of the aged persons are like those of the younger person--to have friendship and social contacts, to be busy at work and play in keeping with his capacities, and to be in reasonably good health(p.20).

Applicable to all ages,we observe, is that we have different needs at different times of life, and that we need warmth, companionship,and intimacy at all periods. As we get older we need

additionally, security, family contact,privacy, and the continued need to be treated as adults. Most of us seniors have been adults for forty,fifty,or sixty years.Sizemore and Pittillo(1977) comment "Children earned privileges by growing up and becoming adults....Right or wrong, good and bad were not absolutes; they were relative to and equated with age; and to the child the world of the adult was...desirable beyond all belief."

Our sense of adulthood has been confirmed and reinforced as each year passes, and we meet and resolve multiple events and challenges throughout our lives.

OLD FOLKS

We old folks come from the exciting age of invention; we were children during the Depression, and growing up with running water,indoor plumbing,washing machines, Victrolas, and telephones. Today's 80 year olds have lived through world wars,soup lines, and the flapper age. Many of our elders taught school in one-room schools,leading their charges through the three R's and, before closing their 60 hour week,handily replenishing the woodpile. Our grandparents were newly-arrived immigrants, embarking on our shores from sailing ships, and some of them started life in America as servant bond girls,who performed dometic chores until they had worked off their passage, the cost of their steerage ticket.

People now in their eighties grew up with carrousels, spinning tops, and homemade taffy. If they lived in the country, they put in two or three hours work before breakfast and were

taken to school by their own two feet. If they were city folk, they greeted the milkman and his horse and caught the closest streetcar to school.

The young people of the 20's and 30's were singing "Come Josephine in My Flying Machine", and "Second Hand Rose"; the telephone dial system was introduced;Charlie Chaplin was at the movies,and people were reading a young poet named Robert Frost.

The population of Tucson hovered around 20,000,in the 30's;Young men read Dale Carnegie, O. Henry, and adventures of the old West (as did young women,surreptitiously),while society caught up with Godey's Ladies book and Emily Post.

The Sunday comics reflected the times, with the appearance of "Tillie the Toiler", a career woman of the thirties, and the Katzenjammer Kids, mischievous brats who spoke a supposed ethnic dialect sprinkled with "dese" and "dose". Folk sayings had a distinctly rural flavor, as in "he's sowing his wild oats", or "she's as independent as a hog on ice".

Culture

We are all shaped by a specific set of beliefs and values, as well as by the "fashionable ideas, fads, and temporary concerns of the particular slice of history through which we grow up" (Esler,1984). The result of this shared social and historical conditioning is a unifying set of ideas, attitudes, and patterns of behavior which distinguish a particular generation from another (p.11). Across all cultures, the way we are raised strongly influences the responses we give, the mode of problem-solving we use throughout life.

Farberow (1976) states "others have a strong impact on our identity, our definition of self. It is only natural that each of us should become the person who fits the web of expectations in his immediate social world.p.9"

The customary beliefs, social forms, and material traits we call culture, depend on our capacity for learning and transmitting knowledge to succeeding generations, and we begin this socialization very early in life.What seems to be a universal custom,in Western culture,concerns the value we place on the sharing of confidences. That is, the topics of conversation one's society considers proper to discuss. The family mores in in our culture touches on both public and private conversation, and what one is allowed to share with kin and kith. We all have heard "keep that a secret", or "don't tell the neighbors"

Most cultures share values centered around major issues of Life/Death, sex,and slightly less importantissues,as health,

politics, mental health, and religion. Some particularly sensitive areas are those related to sex, marriage, health, hygeine, and money.

Our family confideances ranged in seriousness from the trivial and amusing, to the sacred and sacrilegious. Our best friends had family secrets also. My friend Carem did not mention that her uncle wore mascara at family gatherings; Junior risked his brother's wrath by disclosing he was born with six toes;my deepest secret was that Granny was in the country illegally.

Our elders were raised with the strict guidelines of etiquette. Post (1927) cautioned our grandparents: "The safest rule to remember is that conversation must never be taken out of the drawing room. Vivid details of operations, ills, or personal blemishes, descriptions concerning bed or bathroom, as well as the appurtences of the dressing room, are not suitable topics..." And, "Neighbors with whom she has been on the friendliest terms for years are received in the drawing-room of her mind as well as of her house..." Similarly, in Japanese Etiquette, "From olden days it has been considered polite in this country to disguise one's feelings. Even by the standards of today it is not considered good manners to give vent openly to one's emotions (Nakajima, 1960).

I believe it is this sensitivity to others that has a

bearing on why crisis centers and therapists seldom hear from elders. Our grandparents learned too well, "It is very bad form to talk freely to aquaintences, or worse yet to strangers, about your private concerns"p.57. Grandmother is reluctant to dilate on ills, misfortunes, or other unpleasantness, even in her own circle of friends, much less express despair and suicidal thoughts to that young voice at the other end of the telephone. As Durkheim (1951) points out,"it is society which, fashioning us in its image, fills us with religious, political, and moral beliefs that control our actions.

Our elders are unquainted with counseling and psychotherapy. One gentleman, referred to a psychologist, exclaimed,"Why he asked me about things I haven't even talked about to Sarah " (his wife of forty years). I answered a crisis call once and talked to a lady who was ingesting an overdose of pain-killer even as we spoke. When I asked her what was going on in her life to cause her to wish to kill herself, she answered testily, "Well Miss, isn't that a personal question?".

The old folks in these instances are sending several messages: I don't wish to talk about suicide; and, what good is it to talk? Accepting help may be seen by an old person as a first sign that they are becoming incapable of remaining independent.

In other instances the elderly themselves have agreed with our society's view of age, and believe the phone counselors are too young to help. We have also observed that older people use denial frequently, saying "I'm too old to change".

TELEPHONES

The use of the telephone today is very much taken for granted, as any parent of teenagers can attest to, and that is quite different than it was in the 1930's, where it was regarded by some as just anothr invention of little practical use, except as a toy. Wiesner (1977) tells us that after the successful demonstration of Bell's "talking wire", the telephone company's stock was sold with surprising difficulty.

However, the phone went from a magical novelty to a pervasive mode of human interaction. "Furthermore, peole choose how they use the phone; it is not outside their control in the way that one-way media or traffic are. So, not feeling exploited by it, people take the telephone for granted (Pool,1977).

Interestingly, today's elders tend to make many fewer calls than younger age groups (Devlin and Patterson, 1981). One study (Singer,1981)found that "A substantial proportion of respondents believe that virtually all activities should be handled in person for acceptable results"p.34. Another aspect of telephone use is mentioned by Pool(1977):"While a telephone network may strengthen the cohesion of a society, it also breaks taboos of social access. The person anwering the ring of the telephone does not know the status of the person to whom he is about to talk.p14". This again seems to reflect the old folks' etiquette which suggests that one uses the telephone usually with friends with whom one is on closer terms (Post,1927).

Suicide among the elderly has occurred at rates more than triple of those experienced in the general population (Fry,1986) Death,as we have mentioned earlier,,is a subject altgady surrounded by taboos,,and death by suicide is offensive . Halbwachs (1978) says "What seems to offend society most about suicide is that the self-destroyer has consulted no one about his decision but has used individual initiative to make a choice alone and in doing so, rejects society and its group values."

Suicide is most prevalent in western, urban, and industrial societies(Pritchard,1950). In Arizona the rate of elderly suicide is 67 % above the rest of the United States (Blazer,1986). While suicide is on the increase among young people, the highest suicide rate remains among the elderly..

Generally speaking, suicide among all populations is related to loss: loss of love, death,divorce,significant others, roles, and so forth. Among the elderly there exist particular areas of loss,special concerns as,for example, physical illness,loss of independence,loss of adult roles, bereavement,pain,and a certain diminishment of time. The elderly individual of the 1980's may have been pressured by the Depression,wars,racial and cultural values, chronic illness and the fear of long-term hospitalization.

Depression, loss, and relationship problems are the most frequently mentioned areas of concern in the content of calls

to our center, among all ages..

CHARACTERISTICS OF CRISIS LINE CALLERS-JANUARY-DECEMBER,1986

Although those 65 or older form 12% of the population, they account for 18 percent of all suicides(Richman, 1987).

Our crisis line averages 800 to 1000 calls a month, and the total of all contacts in 1986 was 14,715. Of this number, 25% of the callers were identified as having a suicide-related problem. Of this number, 3% of the callers were ages 60-74 and 1% were 75 and up. 47% were male, 53% female; 29% lived alone, 50% were single,divorced, or widowed.

Next after suicide, 50% of callers presented relationship problems,i.e., relationships with spouse,child,parents, relatives,friends,employers, co-workers,therapist; interactions between chiid and parent,or parent to child accounted for 8% of the relationship problems.

In comparison, our agency's other service,a community information and referral service, receives an average of 2500 to 3000 calls a month, and of this number 10 to 12% are 60 and older.

Both the calls on the crisis line and on the information line indicate that the elderly have multiple needs,which are basic. The major areas include income,housing health,transportation, in-home support,isolation, and lack of advocacy. A substantial 21% of households with elderly identified getting better health care as a problem.

PRESENTING PROBLEMS OF CALLER AGE 60± BY PERCENT

Relationship w/significant other	22%
Relationship w/child	9%
Social isolation	4%
Suicide	25 %
Alcohol abuse	9%
Physical health	13%
Death of significant other	4%
Divorce	4%
Values conflict	4%
Other	13%

What is notable among elderly callers is, that they have accumulated a greater number of lossess than the younger callers. Blazer(1982) states "Older persons who experience significant losses may overreact to these losses. After one loss is experienced the individual may feel more easily threatened and may develop a cognitive attitude of anticipating many losses." Santos, Hubbard, and McIntosh (1983) saw many instances in which unexpected losses have a much more profound effect than those that occur slowly,. "unpredictable losses, for example of younger relatives,colleagues, or even siblings have a much more devastating effect than the loss of a peer."

The older population, persons 65 years or older, numbered 28.5 million in 1985 (AARP,1986) They represented 12% of the U.S. population,about one in every eight Americans. In 1970, the over 60 population in Pima County was 51,227. By 1980 the over 60 population was counted at 86,704, an increase of 64% 16% of the

total couhty population is 60 and over. This age group increased by 35% in the state and 20% in the nation since 1975. The fastest growing segment of the 60 plus population in Pima County, as well as the nation, is the elderly group 75 and over. They comprise approximately 38% of the 60 plus age group in Pima County (PCOA,1987).

Recommendations

It is vexing that the old folks do not use the services of our crisis line,in a city rich in resources,with a large population of seniors. It is puzzling,since these elderly are the parents of the hippie generation, the generation of flower children,of drop-outs and drug-users, who have lived through those stresses,whose children are the psychologically sophisticated.

On the other hand, our service also offers an information and referral service,with a different telephone number, and that service does receive many calls from the elderly.The Information & Referral Service routinely receives calls about the same concerns that are brought up on the Help On Call lines. I propose that crisis centers located in cities with an established information and referral service,get together. Since the staff of both kinds of service are usually trained in the social sciences, the orientation can easily put more emphasis on crisis intervention,if necessary, while updating skills in the prevention of suicide.

Along with this educational program for professionals, I suggest two other basic classes for the elderly general public: one, a class,or series of classes, in Problem Solving. This could take the form of explaining the steps we take to solve a problem, a sort of refresher course,a reassuring reminder that we have coped with past situations,and will do so again. This mini-workshop could also lead into a transfer of information about available community resources.

My second suggestion for prevention is also for a type of workshop or seminar, that is, a class that might be called "Introduction to Feelings". This course could be set up to explore emotions in general, an overview of what they are, how experienced, how we perceive them, and what values we place on them. Demonstrations with role-playing would enhance both workshops.

Crisis centers can prevent suicide. We can reach out and get involved in our community. We can make an impact on those appalling statistics of elderly suicide. The most important strategy is education.

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